



ALABAMA AGRICULTURE DISASTER AID BLOCK GRANT APPLICATION

MUST BE SUBMITTED BY AUGUST 15, 2019

Complete, sign, then mail to:

Alabama Agriculture Disaster Program Alabama Department of Agriculture and Industries
1445 Federal Drive Montgomery, AL 36107

For more information or to be put in contact with a disaster block grant member, please contact Hassey Brooks at: (334) 240-3877 agi.alabama.gov/s/aadp

Applications must be postmarked by August 15, 2019. Applications must be completed in entirety, including all required supporting documents, or they will not be considered.

ELIGIBILITY CHECKLIST

To be eligible for a grant, you must have:

- ☐ Experienced a verifiable loss of affected agricultural commodities of at least 40 percent as a result of the catastrophic flooding of October 2018 or 2019
- ☐ A farm located in a USDA secretarial disaster declared county in Alabama or a presidential disaster declared county.
- ☐ A farm number issued by the Farm Service Agency
- ☐ Signed an affidavit, under penalty of perjury, certifying that loss information is accurate
- ☐ Signed W-9 form
- ☐ The ability to demonstrate an intent to continue your farming operation
- ☐ STAARS - Enrollment verification <http://vendors.alabama.gov/> <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService.jsessionid=0000QvhXDTZUitQNyckD-Sfdnwt:19bpo4mo7>

USE OF GRANT FUNDS

Grant awards must be used for agricultural production expenses and losses due to the eligible disasters which demonstrate an intent to continue the agricultural operation. Awards may not be used to purchase new equipment.

GENERAL INFORMATION

Full Legal Business Name: _____

(Payment will be issued in this name)

Farm I.D. Number(s): _____

SSN or EIN: _____

Applicant's Full Name: _____

Mailing Address: _____

Street Address

County

City

State

Zip Code

Physical Address: _____

Street Address

County

City

State

Zip Code

Phone: _____ Alternate Phone: _____

Email: _____

Vendor Number (If applicant registered as a vendor): _____

GENERAL INFORMATION, CONTINUED

Is Applicant the sole owner of the business? ☐ Yes ☐ No
(If not 100% ownership, list additional owners below)

Percentage of Ownership: _____

Name: _____ Phone: _____ Percentage of Ownership: _____

Name: _____ Phone: _____ Percentage of Ownership: _____

Name: _____ Phone: _____ Percentage of Ownership: _____

Name: _____ Phone: _____ Percentage of Ownership: _____

Are any of the owners involved in an additional entity that is applying for a separate grant? ☐ Yes ☐ No

If yes, please fill out the following:

Name: _____ Email: _____

Entity(ies): _____

Name: _____ Email: _____

Entity(ies): _____

Name: _____ Email: _____

Entity(ies): _____

Name: _____ Email: _____

Entity(ies): _____

In order to meet the payment limitation, owners who are listed on multiple applications may be required to reduce the grant amount to one or more of those applications. If so, those owners will be contacted by ADAI for additional instructions.

APPLICATION CHECKLIST

- ☐ Completed and signed application
- ☐ Signed and notarized affidavit
- ☐ Documents showing income (organized and labeled by crop) as of July 1, 2016
- ☐ Completed and signed W-9
- ☐ Completed FSA Form(s) 578 (if applicable)
- ☐ Seed and input documentation (if acres were not certified)
- ☐ All applicable crop insurance forms (i.e. notice of loss, claim summary)
- ☐ STAARS - Enrollment verification <http://vendors.alabama.gov/> <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService;jsessionid=0000QvhXDTZUtQNyckD-Sfklnwt:19bp4mo7>

Applicant Signature

COUNTY OF _____

PERSONALLY appeared before me, the undersigned notary public, _____, who, first being duly sworn, deposes and states under penalty of perjury as follows:

1. My name is _____ and my physical address is _____ located in _____ County, South Carolina. I work for and/or am an owner of, and make this affidavit on behalf of _____ (farm or business name) (the "Farm"). I am making this Affidavit to certify that each fact of the loss presented is accurate for purposes of applying for a grant under the Alabama Agriculture Disaster AID Block Grant Program.
2. I am over the age of 18 and competent to make this affidavit. I am authorized by the Farm to make this affidavit and do so on my own behalf and on behalf of the Farm. Any references herein to "I" shall include, if applicable, the Farm.
3. All documentation, records, and information provided by the Farm and/ or I for purposes of applying for this grant are accurate. The Employer Identification Number(s) (EIN) or Social Security Number associated with this application is/are: _____.
4. I and/or the Farm suffered a verifiable loss of wheat, cotton, flax, corn, dry beans, oats, barley, rye, tobacco, rice, peanuts, soybeans, sugar beets, sugar cane, tomatoes, grain sorghum, sunflowers, raisins, oranges, sweet corn, dry peas, freezing and canning peas, forage, apples, grapes, potatoes, timber and forests, nursery crops, citrus, and other fruits and vegetables, nuts, tame hay, native grass, aquacultural species including, but not limited to, any species of finfish, mollusk, crustacean, or other aquatic invertebrate, amphibian, reptile, or aquatic plant propagated or reared in a controlled or selected environment, excluding stored grain. (hereafter collectively, "Agricultural Commodities") of at least forty percent (40%) as a result of the eligible natural disaster events in 2018 & 2019.
5. The Farm and I acknowledge and agree that I/we may not receive a grant which if combined with losses covered by any applicable insurance would exceed one hundred percent (100%) of the actual loss suffered as a result of the Flooding.
6. I, and the Farm, acknowledge and agree that I/we and any related person may not receive any grant aggregating more than one hundred thousand (\$100,000.00) dollars and understand the grant amount may be adjusted accordingly.
7. I understand that the Alabama Department of Agriculture & Industries, or its representatives (including employees of other State of South Carolina agencies), agents, employees, and independent contractors (collectively, the "Department") are required to verify certain records including but not limited to commercial receipts, settlement sheets, warehouse ledger sheets, pick records, load summaries, contemporaneous measurements, truck scale tickets, contemporaneous diaries, appraisals, ledgers of income, income statements of deposit slips, cash register tape, invoices for custom harvesting, u pick records, and insurance documents (collectively, "Records") from the Farm, and any customers, vendees, purchasers or sim-ilar entities with which the Farm does business (collectively, "Customers") . I am authorized by the Farm and hereby grant the Department the right to inspect the Records and authorize Customers to release the Records to the Department.
8. I intend to continue farming and any grant awards received in connection with the Alabama Agriculture Disaster Aid Block Grant Program will be used for agricultural production expenses and losses due to the disaster, in continuation of the agricultural operation. Any grant awards will not be used to purchase new equipment. I will keep documentation of use of grant funds for at least three (3) years from the date of award, and use of funds may be audited.
9. I understand that the information contained herein, and in the accompanying the application (and any documentation provided in connection with the application) for a grant under the South Carolina Farm Aid Fund may be subject to disclosure under the provisions of the South Carolina Freedom of Information Act, S.C. Code Ann. § 30-4-10 et. seq.

GUNTER

10. If any of the information provided in this affidavit or provided for purposes of applying for a grant under the South Carolina Farm Aid Fund is found to be inaccurate, I understand that I (or the Farm) must, and agree to, refund the entire amount of the grant. I understand that if I do not refund the appropriate amount, the South Carolina Department of Revenue is authorized to utilize the provisions of the Setoff Debt Collection Act, S.C. Code Ann. § 12-56-10 et. seq., to collect any refunds owed by me.

11. If I or the Farm use any amount of the grant award provided under the South Carolina Farm Aid Fund for an ineligible expense, I must refund the amount of the ineligible expense.

12. If I, or the Farm, do not refund the appropriate amount if I, or the Farm, am/is found to be in violation of the South Carolina Farm Aid Fund provisions, the Department of Revenue shall utilize the provisions of the Setoff Debt Collection Act to collect the money from me, or the Farm.

I understand and acknowledge that if it is found that I knowingly provided false information to obtain a grant under the South Carolina Farm Aid Fund or knowingly used funds for ineligible expenses, I will be subject to prosecution under S.C. Code Ann § 16-13-240 which can carry a sentence of up to ten (10) years in prison.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant

SWORN to before me this _____ day of _____, 201____.

Printed Notary Name: _____

Notary Public for the State of _____ My

Commission Expires: _____